

STREET/ROW EXCAVATION PERMIT APPLICATION

Date:		
Project Title/ Name:		
Site Location and or Parcel #:		
□ Street Cut Details:		
Street Bore Details:		
Street Hole Hog Details:		
□ Street closing in excess of 24 hours:		
All street or lane closures in the city must be approved by the city Engineer submitted 5 business days in advance of the requested closure - please fill out Permit Application (available at http://ar-fayetteville.civicplus.com/DocumentCoperiod will begin upon receipt of application, and the applicant will be notified business days of date of application.	and submit a Str enter/View/2336).	eet or Lane Closure . A 2-day comment
Applicant Information:		
Name:Organization:		
Address: Phone: Cell: Fax:		
Phone:Fax:		
E-mail:		
Contractor Information:		
Name:Organization:		
Address: Phone: Cell: Fax:		
Phone:Fax:		
Email:		
Applicant's Signature:		
FEES REQUIRED	OFFICE	USE ONLY
\$25.00	AP#	Eng #

A cash deposit is required for the entire cost of street repairs related to the work performed under this permit per 158.02 of the Unified Development Code. Cost estimate for this deposit shall be submitted to the city of Fayetteville for approval prior to acceptance of deposit. Deposit will be returned upon inspection and acceptance of the street/ROW repairs.

All work is to be done in compliance with City Ordinances. Applicant shall notify Engineering Department prior to performing work